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ABSTRACT

This document reports on a 1997 international conference on early childhood education and special educational needs which examined policy, program development, and service provision. The conference's guiding principle was inclusion of young children with special needs in the context of needed services in both industrialized and developing countries. The summary of proceedings identifies issues addressed in the conference including obstacles to providing appropriate services, the role of policy, cooperation/collaboration among various private and public sectors, partnerships between specialists/professionals and parents, the role of assessment, and characteristics of good programs. Recommendations are provided which address international and national organizations concerning the following areas: international instruments; policy; cooperation, collaboration, and partnership; partnership and families; transitions; program planning and implementation (service provision); training; institutions for children; assessment; sustainability; communication (information dissemination); and funding (donor support). Appended are a list of participants and the conference agenda. (DB)

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INTERNATIONAL CONSULTATION ON EARLY CHILDHOOD EDUCATION AND SPECIAL EDUCATIONAL NEEDS

UNESCO
PARIS
SEPTEMBRE
1997

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ON EARLY CHILDHOOD EDUCATION

AND SPECIAL EDUCATIONAL NEEDS

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The success of the inclusive school depends considerably on early identification, assessment and stimulation of the very young child with special educational needs.

Early childhood care and education programmes for children aged up to six years ought to be developed and/or reoriented to promote physical, intellectual and social development and school readiness...

Programmes at this level should recognize the principle of inclusion and be developed in a comprehensive way by combining pre-school activities and early childhood health care.

SALAMANCA FRAMEWORK FOR ACTION
Article 53

THE CONSULTATION

Early childhood is a crucial time of development for all children, including those with special educational needs. This was put forward by the *Convention on the Rights of the Child* (1989) and endorsed by the *World Declaration on Education for All* (Jomtien, Thailand 1990). The *Salamanca Statement and Framework for Action on Special Needs Education* (Salamanca, Spain 1994) invited UNESCO to address early childhood education as a priority area within special needs education.

The UNESCO Review on Special Needs Education carried out in 1993-1994 points out a general lack of attention to this issue and gaps in provision for young children with special educational needs in many parts of the world. Nevertheless, providing favourable opportunities for learning at this early stage leads to lasting benefits for children. Moreover, including the child with special needs in ordinary early childhood programmes is important in facilitating inclusion throughout schooling.

In light of the above, the approved Programme and Budget of UNESCO for 1996-97 (document 28 C/5 paragraph 01111) provided for the organization of an INTERNATIONAL CONSULTATION ON EARLY CHILDHOOD EDUCATION AND SPECIAL EDUCATIONAL NEEDS to examine policy, programme development and service provision. The Consultation was organized in collaboration with UNICEF and was held at UNESCO, Paris on 1-4 September 1997.

Twenty-one specialists from fifteen countries representing all major world regions participated in the consultation. The individuals were drawn from donor and United Nations agencies, international and national non-governmental organizations, academic institutions and parent/practitioner organizations (see Annex I: List of participants). They represented the medical, education and social service sectors and brought knowledge and experience in early childhood education and/or special educational needs. The mix of participants from all continents made it possible to develop strategies that have meaning for different partners and geographical contexts.

Prior to the Consultation, participants were provided with an annotated agenda (Annex II), a Working Document that provided a background on the state of the art in relation to inclusive early childhood programmes, a compilation of case studies collected by UNESCO in preparation for the consultation[1] and a document presenting highlights from the case studies. The case studies provided a reference point for the discussions by illustrating a variety of approaches to the development of inclusive early childhood education as well as different structures that exist in various cultural and economic contexts.

The Consultation considered the field of early childhood education and how services developed for young children can respond to children with special educational needs.

The emphasis was on examining the nature of the services that should be provided rather than focusing on children with disabilities.[2] The Consultation addressed the problem of providing the quality services needed in both industrialized and developing countries.

The guiding principle in the Consultation was *inclusion*. The basic premise of inclusion is that all children should learn together (i.e. all children are entitled to benefit from services in the community together with their peers). The focus was on the young child (birth to six), based on an understanding of the value of early intervention to prevent and ameliorate conditions that put children 'at risk' of delayed or debilitated development. The challenge presented to those who participated in the Consultation was how to create an understanding of inclusion and how to develop inclusive policies and programmes that focus on the provision of services for all children, rather than developing separate strategies to meet the needs of children with different abilities.

[1] *First Steps: Stories of Inclusion in Early Childhood Education*, UNESCO, 1997 (case studies from Australia, Chile, Denmark, France, Greece, Guyana, India, Lao PDR, Lebanon, Mauritius, Portugal, South Africa and the United States of America).

[2] While the term 'special educational needs' encompasses children whose needs stem from a wide range of conditions, to guide its discussions the Consultation referred to the definition used in the context of the Salamanca Framework for Action, namely referring to those children whose needs arise from disabilities or learning difficulties. In this context it is the quality of services which needs to be addressed and not just the needs of individual children. This is the underlying message of inclusive education.

SUMMARY OF PROCEEDINGS

The Consultation was opened by Mr. Colin Power, Assistant Director General of Education, who invited the participants to examine how existing resources can be used and be made more accessible in order to translate theory into policy and practice in the area of early childhood education and special educational needs. Mr. Power stressed the importance of involving parents and the community in the education of children and emphasized the vital link between community and school.

The Consultation agreed to have a rotating chair, and the following participants were elected to chair the meeting: Dr. Mehari Gebre-Medhin, Dr. Emily Vargas-Baron, Ms. Radmila Rangelov Jusovic and Dr. Gordon Porter. Dr. Judith Evans was assigned the task of rapporteur.

During plenary sessions on the first day the participants introduced themselves and the organizations with which they are affiliated, and raised issues from their work related to the task at hand. Ms. Lena Saleh of the Secretariat provided a brief overview of UNESCO's programme in special needs education and of the current situation in the world for persons with disabilities and learning difficulties. She referred to the major landmarks in the last decade which have guided and affected developments in this domain, both at the international and national level.

Ms. Janet Holdsworth (UK) introduced the Working Paper which she had prepared in collaboration with UNESCO. She stressed that the focus of the Consultation was on the development of appropriate service provision, rather than the needs of specific groups of children. She reiterated that the everyday experiences of children are more important than periodic visits with specialists, and therefore, early childhood education services are an important factor in the social and educational development of children with special needs.

Dr. Judith Evans of the Consultative Group on Early Childhood Care and Development, highlighted key messages from the case studies. The case studies present different models of inclusion which vary in terms of: the allocation of responsibility to the different sectors; the degree of government, non-governmental organization (NGO) and community involvement and control in service provision; modes of collaboration; the degree of parent involvement; the extent to which local culture is built on in the development of the intervention; and the organization and management of inclusive programmes. Overall, the cases provide useful lessons in the development of inclusive programmes.

After the initial presentations the working method of the Consultation consisted of presentations by participants to introduce issues, followed by group and plenary discussions (See Annex II: Agenda).

Setting the Stage

Learning begins at birth. This simple truth suggests that attending to children's care, development and education from birth (and even conception) onward is important for ALL children. In response to this understanding a variety of early childhood programmes have been created. Some of them have included children with special needs; others have not. When children with special needs have been identified in resource-rich countries these needs have been addressed through specialized programmes. In recent years there has been a shift in conceptualizing how children should be served. The argument has been made that in spite of the fact that children learn in different ways and have different rates of learning, all have a contribution to make to society. All children have the right to be *included* in regular services. The Salamanca Statement and Framework for action called for the design of services in ways that allow all children to participate and thrive.

The major breakthrough for persons with disabilities came in the late seventies. Up until that time children with special needs were segregated from other children. There was then a shift to having children with special needs attending the same schools as other children, but in separate classes. From there, children were 'mainstreamed' (i.e., integrated into existing classrooms and services). Integration begins with the child and attempts to insert the child into the existing system.

The most recent development has been the promotion of the concept of *inclusion*, a policy and process that allows ALL children to participate in ALL programmes. The process of inclusion means focusing on the system and making it welcoming to all. In terms of children with special needs, inclusion illustrates the shift in services from care to education and personal development. Inclusion is based on a recognition of the capacities and potential of all children to develop if the environment is responsive to their needs.

There have been a range of international declarations that have helped shape the current focus on inclusion as an approach to addressing children with special needs. 1981 was the International Year of Disabled Persons. This was a major turning point in raising awareness about issues faced by disabled people, and led to the Decade of Disabled Persons (1982-1993). Broader international declarations have helped to promote the rights of all children. Among these is the Convention on the Rights of the Child (CRC) put forward in 1989.

> *Article 2* states that "all rights shall apply to all children without discrimination on any ground including disability."
>
> *Article 23* declares the rights of disabled children to enjoy a full and decent life, in conditions which promote self-reliance, and facilitate the child's active participation in the community. It also states the right to special care, education, health care, training, rehabilitation, employment preparation and recreation opportunities; all these shall be

designed in a manner conducive to the child achieving "the fullest possible social integration and individual development, including his or her cultural and spiritual development."

The Education for All Forum, held in 1990, put forward the Framework for Action to Meet Basic Learning Needs. It reinforced the notion that all children should have access to basic education as put forward in the CRC. Paragraph 8 calls for "expansion of early childhood care and development activities, including family and community interventions, especially for poor, disadvantaged and for disabled children."

In 1993 the United Nations General Assembly adopted the Standard Rules on Equalization of Opportunities for Persons with Disabilities. The next major initiative was the Salamanca Statement and Framework for Action on Special Needs Education, unanimously adopted at the World Conference on Special Needs Education: Access and Quality, held in Spain in 1994. This Conference called upon all governments and urged them to:

- 'give the highest policy and budgetary priority to improve their education systems to enable them to include all children regardless of individual differences or difficulties'
- 'adopt as a matter of law or policy the principle of inclusive education, enrolling all children in regular schools unless there are compelling reasons for doing otherwise'. (*Salamanca Statement*, Paragraph 3).

Thus there is clearly an internationally endorsed mandate to create inclusive programmes for children with special needs and to develop those programmes for children from birth onwards. The challenge arising from the above initiatives is that of translating guidelines and recommendations into action. Today education systems around the world face the task of developing inclusive educational communities, addressing diversity among the school population and working toward meeting the needs of all children in the same setting. The challenge for the Consultation was to address how to advance inclusion in early childhood care and education.

Issues Addressed in the Consultation

A number of key questions were addressed at the Consultation. These served as the basis for plenary sessions, presentations, discussions, small group work, and eventually the conclusions and recommendations put forward. They included:

1. *What are the major obstacles to providing appropriate services for children with special needs?*

In her initial presentation, Ms. Holdsworth outlined certain trends that create obstacles to the provision of early childhood education for children with special needs:

- the practice of waiting for children to 'catch up' before they can move on in the system
- the false notion that some children cannot learn
- increased pressure in many countries to make preschools into primary schools, and the related pressure to begin formal education at a younger age
- the dominance of the 'medical disability model' in defining what children need
- the lack of appropriate assessment tools and techniques
- the lack of early childhood services for the majority of the world's children
- the lack of resources allocated to the development of inclusive programmes.

While the Consultation was not able to address all these issues, a number of them were discussed, with recommendations made in relation to them.

2. *How do we get children with special needs on the agenda?*

Awareness is a part of the answer. Discussion and case studies indicated that to develop sustainable programmes it is necessary to raise awareness. There is a need for advocacy on behalf of children with special needs. The general public must be made aware that all children have the right of access to the support that promotes healthy growth and development, regardless of where children start in terms of their knowledge, skills and abilities.

Arguments in favour of attention to children with special needs can be built on a variety of platforms. For example, some people draw on research to support the position for inclusive services. In other cases it is the international declarations, and the government's endorsement of these statements, that seem to motivate the development of inclusive programmes.

International donor agencies play a significant role as well, by working with governments to develop programmes for children with special needs. In still other instances, it is the advocacy by parents that is forcing the government to take the needs of all children into consideration. Moving to inclusion may also be the result of financial constraints and a belief that inclusive programmes cost less than specialized services. Any (or all) of these mechanisms can come into play in building a case for and shaping the development of inclusive programming.

It is important to recognize that while awareness comes from knowledge and information, it also involves attitudes. Attitudes determine how information is interpreted. The reality is that arguments in support of special education are often political and emotional rather than rational. While research indicates the value of inclusive programming for all children involved, research is not something frequently used to sell the concept. There is a need to develop different strategies to convince a variety of audiences of the importance of all children having access to resources.

3. *What is the role of policy in ensuring the adequacy of programming for children with special needs?*

Countries should develop their own child, family and educational policies in response to national needs and culture, and in line with international initiatives. Presentations at the Consultation made it evident that there is a wide diversity across the countries in terms of adequate policies in place to support the needs of young children and their families. A starting point in determining whether there are adequate policies is to examine the national plans of action, put forward by most countries. In addition, it is important to look at the policies within the different sectors. At present, there are various ministries responsible for children with special needs. Health and social services/welfare ministries often have responsibility during the child's early years. However, since children have a right to education, the Ministry of Education should play a key role from birth onward.

There are two tendencies in the development of policy. (1) There can be advocacy for the development of policy from the grassroots; frequently parent organizations are active in lobbying for appropriate policies and services. (2) The government can take the initiative. An example comes from Uganda where the President recently declared that he would make education free for four children in each family, and if there is a disabled child, that child has priority. Overnight the focus of service provision changed from special classes to inclusive programmes. (More than 30,000 children with special needs attended these programmes in 1997.)

At the national level, general policy includes statements of intention. However, having policies in place does not ensure implementation. Implementation is a separate step. Many governments have included statements that children with special needs should be included in services, but there are no tools for making that happen. Implementation requires a definition of strategies, responsibilities, and resources beyond what policies specify. When it comes to the issue of implementation, the more complex the systems, the more time it takes to work things out in practice. The amount of funding available also puts constraints on how quickly and completely services can be offered.

Governments differ in terms of locus of control. While historically governments have been centralized in administration, currently there is considerable emphasis on decentralization. In these instances, national government establishes guidelines and a framework for action; individual districts/regions/municipalities are then responsible for implementation of

programmes in response to local needs and resources. Decentralization has implications for regulations, monitoring and supervision.

4. What sectors need to be involved in the development and implementation of inclusive programming?

Children's development is holistic. This means that children's health, nutrition, cognitive, social and emotional development are intertwined; they cannot be separated and addressed in isolation. However, for children with special needs, historically the medical sector has taken the lead and been the most involved in defining and addressing what should happen for these children. With a change of thinking and practice in service provision, the education and social service sectors have come in more actively to assume their share of responsibility in an integrated, collaborative effort.

Nevertheless, the medical profession continues to ensure survival of children, which is still a vital issue in many parts of the world. Once survival is guaranteed, the role of the health profession is to reduce the number of children with special needs (i.e., avoid damage to the child). The avoidance of damage can (and should) involve people from a variety of sectors. The earlier the intervention the more likely it is that delayed and debilitated development can be avoided. Thus, once the child has survived, a broader range of sectors should be involved in the promotion of the child's holistic development.

With a better understanding of the holistic needs of the child, more and more government responsibility has been given to the social and education sectors to provide services for children with special needs. This calls for harmonizing partnerships and collaboration across and between the sectors to meet children's needs.

5. What does it mean to have co-operation/collaboration and partnerships among sectors and among non-governmental agencies (NGOs) and government?

As noted, to develop programmes that meet the holistic needs of young children it is important to provide health, nutrition, social, and educational support services. No one government ministry or agency (donor, bi-lateral, United Nations or international non-governmental organization) is able to address the full range of services.

Collaboration is not easy. There are a number of factors that get in the way. These include:

- the current definition of agency functions which limits the kinds of services that can be offered
- agency philosophy – the medical model is to fix things, education looks at process
- funding – funding is provided for services, but not for the time necessary to engage in the collaborative processes which are a part of inclusive planning and service delivery
- accountability – people are not given credit for work on inter-agency collaboration
- the reduction of funding – when services are combined, funds are withdrawn although the range of services may have increased
- motivation – there are no financial or personal incentives for collaboration and service integration.

During the Consultation suggestions were made on how partnerships could be formed, with examples from several countries.

6. *What factors contribute to a determination of the kind of services to be provided?*

The factors that influence the kinds of services provided include:

- general awareness within the population about children with special needs, and beliefs and attitudes regarding appropriate supports for those children
- policy in terms of how the government defines its role in provision
- the degree to which there are specialists available
- the resources that are available that have been targeted for support of special programmes
- the extent to which a system for working with children with special needs is already in place
- traditions within the country that determine the extent to which children with special needs are a part of the community.

For example, in resource-rich countries there are numerous specialists, all of whom have been trained to address one aspect of the child's development. The resources that allow some countries to become better and better at specializing may be counter-productive in terms of inclusion; the more specializations, the more there are one-on-one 'therapies' delivered to the child. This model of service delivery (one-on-one therapy) has been adopted in various settings. At the current time this individual focus is changing, largely as a result of the realization that a single-service delivery model is limiting and very costly.

When children are served in segregated settings, there is a clear role for professionals; they deliver the service. As there has been a move toward mainstreaming and inclusion, the role of the professional has shifted to one of partnership with parents (or other caregivers) and/or teachers responsible for the child's activities.

7. *What does it mean to develop a partnership between specialists/professionals and parents?*

Within the Consultation it was affirmed that families are the first and foremost decision-makers on behalf of the child. In some countries there are professionals trained to diagnose the child's status and provide specialized services. These professionals are available to work with parents in the development of inclusive programmes. The question explored during the Consultation was, "How do professionals and parents work together to determine what is in the best interest of the child?"

The case studies reviewed prior to the Consultation revealed that in the reality of programming, there is no uniform view of how parents should be involved in programmes for children with special needs. Within the case studies the degree of partnership between professionals and parents illustrated a continuum. At one end of the continuum there was the attitude that it is the professional's role to decide what the child needs and to provide appropriate services; parents are not a part of the process. Along the continuum the next position is seeing that parents are important in terms of getting the services delivered.

Parents are taught what to do, with the professionals in control of defining what needs to be done. Further along the continuum parents are included in the discussion about what should happen for the child. As the next point on the continuum parents are made the decision-makers and determine the services the child receives. At the other end of the continuum, largely in the developing world where community-based programmes are being created, the responsibility is put almost completely on the parents (and community) to develop and deliver services.

Within the Consultation the view was that partnerships need to be created between professionals and parents, regardless of the extent of professional expertise available in the community and/or country. The specific issues related to partnerships that were addressed in the Consultation had to do with:

- *The relationship that parents and professionals have with the child.*

  For the parents this child represents a day-to-day reality and a life-long commitment. The shock of having a child with special needs is never finished for the family. Their concerns go beyond the delivery of a specific service. Professionals, on the other hand, are working with a set of rules and procedures. This is one child among many being provided for within a defined service. The professional simply wants to get his/her job done. Thus the rhythm is very different for parents and professionals, and there are very different levels of commitment to meeting the child's needs.

- *Keeping the child's best interest in focus.*

  Sometimes there can be a tug of war between the parent and the professional because they have different perceptions of what is right for the child. When there are disagreements this can lead to delays and/or inadequate interventions, all of which can affect the child's development.

- *The position the state has taken in terms of provision.*

  When the government has taken a stand on behalf of the child, the professional is mandated to abide by government guidelines. Professionals may well be expected by law to report when the child is not doing well. While the professional needs to be accountable, it is not appropriate for him/her to use the law to intimidate parents.

- *The balance of power between parents and professionals.*

  Professionals have power because of their knowledge and skills in addressing the needs of the child. They also have power because of their position within the system which gives them the authority to allocate (or deny) services. However parents have the ultimate authority in terms of decisions on behalf of the child. They need knowledge and self-confidence to take on this role.

- *The kind of information and training provided for families.*

  It was emphasized that in order for the family to make appropriate decisions they need accurate information, in terms they can understand. In addition, parents may need to be trained how to ask the right questions and how to become negotiators in their discussions with the various professionals they meet. Information and training help shift the balance of power from the professional to the parent.

- *The socio-economic groups represented by professionals and parents.*

  Sometimes professionals are from a different socio-cultural level (or ethnic group) than the parents. This can mean that the two groups are operating from a fundamentally different approach to life and have different beliefs and attitudes about child-rearing. The greater the use of people from the culture in the professional role, the greater the congruence between the world view of professionals and parents, and the greater the likelihood of finding 'common ground.'

- *How the professional views his/her role.*

  Some professionals see themselves as the ones who 'have the answer.' They diagnose the situation and know what should be done. If parents are truly to be partners in making decisions about the child's well-being, then the professional has to be a mediator, facilitating and allowing a constructive dialogue between all the concerned persons.

- *Acknowledgement of the uniqueness of both the professional and parental role.*

  A collaboration and mutual support approach does not mean that the parental and professional roles and knowledge should be confounded. A dialectic between parents and professionals is needed for progress to be made.

- *Where and how services are provided.*

  When multiple sectors are involved in the provision of services (medical, education, social services) this can mean that parents have to work with several agencies. Many times this is overwhelming and seemingly contradictory messages can be given.
  At the Consultation examples were provided of integrated service delivery systems where families have one contact point in the community that makes parents aware of appropriate services.

- *The nature of the services.*

  Specialists can be involved in a child's life a very limited amount of time. Many professionals acknowledge that the once a week provision of service is not effective. Thus there is a need to develop other services that are a part of the child's life. In this instance, early childhood programmes offer a setting that can meet many of the child's needs for an extended part of the day.

In sum, partnership was defined as:

- the building of a relationship
- the development of an alliance, where each of the partners is free to act and decide
- mutually supportive
- a process of sharing of knowledge and experiences
- of greatest value when linked to a plan or project
  (i.e., partnership for a purpose, to do something for the child)
- the sharing of a vision of what the child can become
- a process, which continues over time – it is not a 'one-shot' discussion or decision
- a step toward independence, not an end in itself.

8. *What is the role of assessment? What does it mean to 'assess' a child's needs?*

Assessment was the topic of several presentations and the focus of small-group discussions. First and foremost the group agreed that there needs to be a differentiation between 'assessment' and 'screening.' Assessment is the preferred term since all children should be assessed at some level in order to determine their individual needs. Screening, on the other hand, is used to sort children on a given criteria. Screening can result in children being denied access because they do not 'qualify', however qualification is defined in the setting. There are other impacts of screening as well:

- Screening provides a way to label children and sort them into categories. This reinforces the offering of splintered services and encourages over-specialization, e.g., fine motor development is the focus of occupational therapists; gross motor development is the domain of physical therapists, etc.
- Screening breaks children's development into seemingly unrelated items which are then used as the content for 'rehabilitation' and the development of curriculum activities.
- Screening can teach the wrong things to families and others. If the screening focuses on what the child cannot do, parents and other providers will use the deficits in their definition of the child, rather than viewing children from a holistic perspective that focuses on identifying children's strengths as well as their challenges.

Although assessment is complex, it is important for the development of inclusive programmes. It is needed to help parents and caregivers to plan appropriate activities and to evaluate the child's development.

Some of the questions related to assessment that were raised during the presentations and plenary discussions included:

- What information do parents, caregivers and teachers need to better support the child's development?
- Who should do the assessment? Using professionals is costly and in many places few professionals exist. Using community workers takes more time, and their training is critical.
- What kinds of assessment should be done, and when? If we want teachers to do assessment what procedures can we use? There need to be tools that people with low levels of formal education can administer reliably.
- What is the process for passing on results from one context to another?
- How extensive should assessments be? Do we use simple but crude assessments or more detailed assessments that require more time and training, e.g. the Portage model takes a minimum of two weeks.

In one presentation during the Consultation a process for analyzing assessment instruments was presented. The following questions were asked in relation to each instrument:

- What concepts are being tested?
- What are the assumptions of those who developed the test?
- Does the instrument lend itself to stimulation, i.e. can you use the instrument as a tool for intervention?

The discussion following the presentation generated additional questions :

- Is the instrument linked to the curriculum being used?
- Is the instrument linked to a training process?
- Can the assessment instrument be used as part of a larger situation analysis within the country?
- Can the results be used as a part of national planning?
- How can assessment be better linked to appropriate activities?

While participants in the Consultation felt there were some instruments that could be adapted for appropriate usage across countries (e.g., WHO has published *Play Activities for Disabled Children* which includes a checklist in terms of children's abilities and suggested activities[1]), there was a request that resources be devoted to a review and analysis of instruments to help guide those who are looking for appropriate tools.

Principles of Assessment

It was determined that there are different purposes for assessment, and given the purposes and the variety of people involved in the assessment process, different strategies are required. Nonetheless, there appear to be some general principles that could be applied across settings. From the presentations and discussions, the following principles were derived:

- Be clear on why you are doing the assessment. In some settings assessments are part of the 'requirement' to determine children's eligibility for the service. This approach leads to exclusion, not inclusion. In inclusive programming assessment is done for the purpose of creating a programme and activities for all children.
- Assessment is an on-going process and involves the ability to observe, note, interpret and plan.
- Assessment is only as useful as the ability of those doing the assessment to interpret the results and plan appropriately; assessment done for the sake of "testing" has little utility and is a waste of resources.
- Assessment should help demystify the child's 'disability'.
- The commitment within inclusion is to address diversity within a given setting. Therefore, it is important to begin with the assumption that it is necessary to assess each child's development.
- Parents should be involved in the assessment process. This does not mean that parents should actually do the assessment themselves, but they should understand the process and participate at the level they are comfortable. (An example was given of a picture version of the Denver Developmental Screening Test developed for use by mothers. The results were more reliable than when professionals did the assessment.)
- Begin with what the parents know about the child. What have they observed about the child's behavior? While parents are not always the most objective observers of their children, they are with their children in a variety of settings and spend considerable time

[1] "Training Package for a Family Member of a Child with a Disability – Play Activities" in *Training in the Community for People with Disabilities*, by E. Helander, P. Mendis, G. Nelson and A. Goerdt. World Health Organization: 1989.

with them. Thus they are in the best possible position to provide information on what the child is and is not able to do.

- Assessment should be done where the child is most comfortable. To the greatest extent possible, assessment should be conducted in the child's natural environment – in the home and/or in child care, for example.
- Assessment should involve the collection of data from different sources. It is unwise to rely on one instrument, in one setting, to get a true assessment of the child's abilities and knowledge.
- Within the assessment, include items to assess all the areas of a child's development, and to look at the child within the context of the family. For example, a good assessment might address:
  - caregiver/child interaction – what is natural within the family?
  - the child's motivation – what makes the child want to do something? What are the rewards for that child?
  - problem-solving – how does the child figure things out? How does he/she get attention?
  - adaptations – how does the child manage his/her disability?
  - responses across environments and people – how does the child react in different settings and with different people?
  - social competence – how does the child interact with peers?
- Assessment should include an ecological or environmental inventory based on functional items, i.e., assess the child in relation to things that children in the culture do as a part of their daily life:
  - by task (working with the mother/caregiver, washing hands)
  - by activity (singing songs, playing with peers)
  - by routine (meal time, bed time)
- Base the assessment on the child's strengths, rather than focusing on and labeling only those things the child is unable to do.
- Create activities for the child that include building on strengths as well as activities designed to strengthen capacity in narrowly-defined categories.
  - What does the child need to do differently to participate fully?
  - What activities will help 'teach' the child?
- Use the assessment process to educate people about children's developmental needs. The process of developing and training people in the use of an assessment instrument can be instructive in making people aware of the kinds of things they should know about children's development. The assessment process should be used as a training tool.

9. *What principles should be observed in the development of inclusive programmes?*

a) Begin where parents/families are.

One of the key principles in programme development is to begin with what people know and do. In that way parents see that they have something of value to contribute to the process. Specifically,

- begin with the parents' questions and concerns
- build on the parents' current understanding – what do they see as the problem?
- give the parents time to work through the issues
- help parents to take a long-term view. The immediate service may represent a solution that will work for the short-term, but the long-term needs to be a part of the planning process as well.

b) Build on local culture and traditions.

In creating new programmes it is important to have an understanding of traditional child-rearing practices. Examples of how culture plays into the development of programming came from several participants. The argument was made that international research can provide some principles in terms of programming, but that specific child-rearing practices cannot be dictated. It was noted that in Eritrea an attempt is being made to balance cultural traditions with what is internationally accepted as 'appropriate' parenting, particularly in terms of what it is anticipated that people will be required to do to operate in a global culture and economy.

c) Build on what research tells us:
focus on the child's interactions with other people in the environment.

This principle is derived from an understanding of the value of interaction, communication, and mediation. It has been realized that interactive experiences are important in helping children develop to their fullest potential. The challenge is to build such experiences into services.

A project was developed in Denmark in response to an understanding of the value and nature of interactive experiences, based on work of an anthropologist working in Uganda in the 1970s. In her work *Infant Care and the Growth of Love*, Mary Ainsworth (1967) concludes that infant care and the growth of love results:

- when there is frequent and sustained physical contact between the mother and child – especially during the first six months of the child's life,
- from the mother's ability to soothe the infant effectively through physical contact,
- when mothers are sensitive to the infant's signals and are responsive to their demands,
- when mothers are able to provide caregiving in harmony with the baby's rhythms,
- when mothers regulate the baby's environment so that she/he can understand the consequences of her/his own actions.

The study results have been replicated in other cultures, and later studies indicate that a variety of caregivers can provide these dimensions in their relationship with the child. The basic message is that it is important to start work with parents early to help them see the child as a whole person and to see the child's potential. Few programmes have been built on this knowledge.

In Scandinavian countries there is a move to encouraging parents to take more time to be at home with the child, and for more attention to be paid to the parents' early interaction with the child. A study was described from Denmark where Ainsworth's and other studies are being revisited for what they contribute to an understanding of what children require – regardless of the cultural setting.

The caring principles noted above are used in helping parents establish a relationship with severely premature infants with multiple disabilities. Previously parents began

interaction with their infants when the child was 6-8 months old, at the point when the child was released from medical care. Parents said this was too long to wait. In the new programme parents can come in from day one and are involved in the care of their child in the hospital. This has proven to be very beneficial for parents and children.

d) Create a programme that reinforces the competencies/skills of various professionals rather than creating a new set of 'professionals.'

Historically training systems have been put into place in many countries to create specialists to work with children with special needs. As has been noted, in some countries these systems are more developed than in others. The development of inclusive programmes requires a different type of professional training. However, rather than creating completely new training systems, it is more cost-effective to work with and revise/remodel current training systems.

e) Include services that address the child's health, nutrition, cognitive, psycho-social and emotional development.

The holistic nature of children's development has been described. Given the child's multiple needs it is important that any programme take these into consideration. Integrated services can happen in a number of ways:

- There can be a focus on integrating the services actually delivered to the child and family, rather than focusing on the development of a new 'integrated' organization.
- Services can be linked through a single agency that offers 'one-stop shopping', i.e. a single place that parents come to find out what services exist. They work with a 'service coordinator' to determine what services could best meet child and family needs (e.g. family resource centers, school-based health clinics, etc.)

f) Recognise that there is no one single delivery system option.

There is no one ideal service. The services provided for the child are the result of a choice that is made through the parent/professional partnership, based on local resources. The negotiation process becomes a mechanism for discussing concepts and ideas.

Inclusive early childhood activities can be offered in a variety of settings and include a range of activities. For example:

- advocacy, awareness raising regarding the value and rights of all children,
- outreach to those with resources (human and financial),
- parent education and empowerment,
- home-based services,
- development of parent-to-parent programmes,
- development of pre-school programmes/play groups,
- development of transition plans,
- use and promotion of schools as centres of lifelong learning, health and well-being,
- training for health care, social services and education workers, on issues in early childhood, health, development and inclusion,
- training on specific topics for particular audiences (assessment, intervention, curriculum, advocacy, empowerment, evaluation),
- community mapping (identification of formal and informal structures, resources and services)

g) Create a service that is open, flexible and responsive to changing needs.

In most settings the development of inclusive programmes is relatively new; there are not many models of how to implement effective inclusive programmes. Therefore, as programmes are being developed, those involved need to be flexible and willing to experiment and learn. If the service being provided is an early childhood classroom setting, the teacher will need to be comfortable with having an open classroom so that it is possible to observe children. The curriculum should be written so that those making observations or those interested in the programme can have a sense of what is being offered. There should be opportunities to discuss both activities and methodology, and to make changes as required. Those involved, including parents, should meet regularly.

h) Staff the programme appropriately; staffing is a key to success.

Well-trained staff who support one another and have complementary skills are critical to the implementation of a successful inclusive programme. In beginning a new programme it is particularly important to have the possibility of recruiting appropriate staff. Staff should be selected from among those who are interested in being involved in the effort.

A particularly effective cadre of staff can be drawn from parents who themselves have a child with special needs. New parents can quickly identify with them and experiences can be shared in terms of strategies to meet the child's needs.

10. Who should be trained? What kind of training is required?

Training is an essential element in the implementation of quality inclusive early childhood programmes. Participants in the Consultation voiced the opinion that training should be developed and provided at many levels. The specific questions discussed included:

a) Who needs to be trained?

All those involved with children with special needs require training. It is important to provide staff with the necessary knowledge, skills and attitudes to develop and implement an inclusive early childhood programme. It is also important to provide training for families, the community, administrative staff and those who train service providers, allowing them to understand and participate fully in the effort. In some cases this means the re-training of current professionals. In other instances it is the training of people that are newly involved with children with special needs. For example, it cannot be assumed that care givers/teachers are equipped to open their homes or centres to children with special needs. Even excellent early childhood providers and teachers need additional training and support to address the diverse needs of children within a wide range of abilities.

b) What kind of training is required?

Different training is required for different populations. Within the medical profession, for example, practitioners need more information on normal child growth and development and training in how to work in partnership with parents. For professionals who provide services, there is a need for a balance between general knowledge about child development and knowledge related to special needs. Parents need this information as well, and they need training in terms of how to work in partnership with professionals. Professionals need training on how to work with people from other disciplines. All those working with

families need training on communication skills, negotiation skills, collaboration and partnership, advocacy, values and attitudes, and respect for local community and families.

c) Who provides the training?

Trainers are needed in different spheres as well as at defferent levels: for the medical profession, for educational personnel, for social services and for those working with parents. Parents themselves can be very effective trainers.

d) What is an appropriate balance between pre- and in-service training?

One-shot pre-service training is never sufficient. While there is a need for initial training to provide people with the basics (whether they be within the medical profession, social workers, teachers or parents), there will always be a need for support and additional training as new knowledge and experience is generated. This is particularly true in terms of the development of inclusive early childhood services since this is a relatively new endeavour.

11. How do we help children make the transitions from home to a service (e.g. an early childhood programme) and from one service to another (e.g. from an early childhood programme to primary school)?

Young children and their families face multiple transitions during the early childhood years as they move across sectors (health, social services and education) and out into new or additional settings (from home to care settings/early childhood programmes to primary school). Families may experience stress, anxiety and fear at each transition point.

During the Consultation recommendations were made on how to make these transitions less traumatic for all involved.

- Optimal transitions are those which are planned and individualized. They cannot be pre-packaged since they are generally complex.
- It is important to realize that during transition times there can be a decline in efficiency (i.e., children can exhibit regressive behavior).
- A child's needs affect the ease with which transitions can be made. In general, the more severe the disability, the more reluctant parents are to deal with what is next, particularly if the current service is good.
- A substantial communication process needs to be created to develop trust. Full information needs to be provided (e.g. what the service can and cannot do for the child and family). The real issues that the child and the family are going to face need to be addressed. Families need to have a clear understanding of what the process will entail.
- Acceptable indicators of success for the child, the family, and the programme staff need to be defined.
- The phases of transition need to be recognized and planned for. The phases include:
  - *Preparation*

    The amount and type of preparation required will be dependent on the nature of the transition, timing, how different the new setting is from the current setting, the number of organizations/agencies involved, and the resources available. It is useful to make a list of questions that families may raise. Parents can be prepared through role play.

– *Implementation*

As the child becomes involved in the new service it is important to monitor events closely in the early days. This can involve frequent visits, sharing of information, and feedback to the family and services.

– *Follow-up*

It is important to follow up on the new situation enough to determine if the programme is working for the child and family, and if the transition could have been handled better.

Success at the time of transition is only one important factor. In addition, there are longer-term goals that need to be addressed. Thus, it is important to define appropriate long-term indicators of success for the child, for the family and for the programme that is serving the child.

12. How do we ensure that the programmes we are developing are sustained over time?

If programmes are going to be maintained beyond a pilot/demonstration model, then steps have to be taken during planning to ensure sustainability. In addition, if it is anticipated that the programme will be implemented in other parts of the country, the pilot stage needs to be designed in such a way that it will be possible for potential partners to be informed and familiar with the pilot scheme. There are a variety of factors that will help ensure sustainability. Those elaborated during the Consultation included:

- start small, but think big
- link to government policy and ensure funding from within the national budget
- use a strategic planning process with the community to ensure a realistic implementation process
- build on local initiatives and develop partnerships from the beginning
- specify long-term and short-term goals
- include sustainability as one of the project goals
- recognize that it takes time, from six to ten years, to develop quality services
- funders often put limits on implementations; they will need to decide with planners on the minimum amount of time required to create a quality programme
- build in support systems over time (teacher development/personnel development, ongoing training, appropriate supervision, etc.)
- use strengths available within the context; seek them from a variety of sources
- empower families; families and providers need to support one another
- anticipate funding problems; the result may not be identifiable in the short term
- build systems for collaboration from the beginning; collaborative relationships need to be developed at all levels
- ensure that the programme is beneficial for all those involved – child, family, teachers, and other children
- recognize that success requires intensive involvement of all stakeholders
- develop markers along the way; those involved need to see progress in the short-term, motivation may flag if people do not see progress

- plan thoroughly, but build in flexibility. Allow for change in strategies if things are not working; begin with guidelines that can then be revised
- recognize that initial costs are high as the programme is being established; over time funds can be decreased
- during the first year it is important to implement an evaluation/research process and prepare basic documentation
- when starting a service in a school, identify a place where there is a chance to succeed: select a school where the Head is supportive, and a school that wants to be involved in the programme
- set salaries high enough to show workers that they are valued. The extra spent in salaries will reap great value in terms of commitment.

In sum, sustainability does not just happen; it needs to be planned. Sustainable programmes require attention to all the components: planning and the development of strategies; permission from ministries; co-operation with pre-school institutions; the choice of staff; training; team building; setting up an enabling environment; working with parents; setting up a family support system; continuous training; and appropriate feedback and evaluation processes.

13. What (if any) are the differences between good early childhood programming and inclusive programming?

This question was asked at different points during the Consultation. The answer is that there is no basic difference between a quality early childhood programme and an inclusive programme. In fact, quality early childhood programmes have every possibility to – and should – become more inclusive in accommodating and responding to all children. Common characteristics of quality early childhood programmes and inclusive programmes are:

- There is an understanding of the importance of early intervention to lay the foundation for later development.
- There is recognition of the importance of developing linkages and of cooperating closely with the family.
- Within inclusive and early childhood programming there is recognition of the need to focus on the child's social development, as it is linked in an integral way with children's learning.
- There is an emphasis on active learning.
- There is recognition of the importance of individual differences and planning for the needs of individual children, within the context of the group.

Implications

Quality early childhood programmes should be created to include children with special educational needs. The task is not simple for the following reasons.

- *First*, it is important to recognize that early childhood education is still a young field in terms of coverage and the distribution of services. Early childhood programmes reach only about 30% of children 3-5 years of age internationally, with nearly 100% coverage in some countries and closer to 5% in others. Thus the task is not simply to upgrade the quality of existing programmes, but also to create more services.
- *Second*, recognizing the value of early intervention would suggest that services need to be developed for children with special needs when they are as young as possible. Currently, the percentage of children 0-3 years of age participating in some form of early childhood service is much less than the percentage for pre-school age children. Thus, there is a critical need to develop appropriate services for the youngest age group.
- *Third*, it is important to recognize the tremendous variation by country in terms of who (what sector) is responsible for providing services to children with special needs. While the education sector is critical in all settings, the age of the child being addressed by the education system and the linkages between education and the other sectors (primarily health and social services) differs widely.
- *Fourth*, many early childhood programmes are operated by non-governmental organizations, with few linkages to government. However, if programmes are to be developed nationally there must be government commitment to the effort. Thus, there is a need to develop partnerships between government and NGOs.
- *Fifth*, for an early childhood programme to become more inclusive, links need to be established with specialists, specialized NGOs and services to ensure that external support for consultation and/or training is readily available when needed.

In sum, the Consultation reaffirmed that young children with special needs should be served within inclusive early childhood programmes. The principles that lead to the development of quality inclusive programmes are essentially the same as those that guide the development and implementation of a quality early childhood programme. In both there is a focus on meeting the developmental needs of each child within a caring, supportive environment. There is a focus on the provision of holistic services that represent the integration of health, nutrition, social services and education. Collaboration in development of inclusive programming is fundamental and includes many partners working together at all levels – from parents and families to communities, grassroots organizations, local and national authorities, UN agencies, international and national non-governmental organizations, the donor community, and the business and private sector. The task is not easy, but it is possible to move forward if there is closer collaboration between early childhood service providers and those who work with children with special needs.

CONCLUSIONS AND RECOMMENDATIONS

Preamble
The philosophy and beliefs behind the recommendations

- Early childhood care and development is important for all children, especially those with special needs. This position is in agreement with
  - the World Declaration on Education for All and the Framework for Action to Meet Basic Learning Needs
  - the Convention on the Rights of the Child
  - the Salamanca Statement and Framework for Action on Special Needs Education.

- In accordance with the Salamanca Framework for Action, Article 3, the term "special educational needs" here refers to all educational needs that arise from disabilities or learning difficulties.
- It is recognized that the definition of "children at risk" is culturally and contextually based. It is further recognized that within a nation/community the definition of "children at risk" can change or will change over time.
- Young children with special needs and all children at risk should be served within inclusive early childhood programmes.
- Education should be considered a lifelong process beginning at the prenatal period.
- There is a distinction between integration and inclusion. Integration describes the efforts made to introduce individual children into regular classrooms. Inclusion is a policy and process that allows all children to participate in all programmes.
- Inclusion should represent an integration of health, education and social services (including nutrition).
- The concept of collaboration in the development of inclusive programming is fundamental. This means that many partners should work together at all levels – from parents and families to communities, grassroots organizations, local and national authorities along with other partners, United Nation agencies, international non-governmental organizations, the donor community, business and the private sector.
- In developing inclusive programmes, it is important to:
  - rely on informal networks and social sources of support,
  - decentralize decision-making in relation to programme planning,
  - build on existing structures, personnel, traditions and practices,
  - provide equal opportunities and access,
  - recognize existing situations and limitations but work towards a vision for the future.

International Instruments:

- The Convention on the Rights of the Child
- the World Declaration on Education for All
- the Salamanca Statement and Framework for Action on Special Needs Education
- the Standard Rules on Equalization of Opportunities for Persons with Disabilities

International organizations

There are a variety of international declarations and agreements to which countries are signatories. Frequently, people within the country are unaware of these documents that could, in fact, be used to support the development of appropriate services for children with special needs. It is therefore important that strategies be developed to create greater awareness of such international instruments as the Convention on the Rights of the Child, the World Declaration on Education for All and the Salamanca Statement and Framework for Action, as well as the messages emanating from the World Summit for Social Development.

1. The national committees of UNICEF and UNESCO and the country offices of international non-governmental organizations and donor agencies, in collaboration with one another, should provide materials on international instruments for dissemination within the country. They should take the initiative to make government agencies aware of the various mandates and how they can be implemented.
2. The international organizations and financial institutions need to examine their policies to ensure that the Convention on the Rights of the Child, the World Declaration on Education for All and the Salamanca Statement and Framework for Action, in particular, are taken into account and are being implemented in relation to children with special needs.

National

3. National committees or coalitions that represent appropriate stakeholders should be established or strengthened to define which programmes can be developed to implement the Convention on the Rights of the Child, the World Declaration on Education for All and the Salamanca Statement and Framework for Action, and to monitor their implementation.
4. National policy should be reviewed to ensure that the basic principles and messages emanating from the Convention on the Rights of the Child, the World Declaration on Education for All and the Salamanca Statement and Framework for Action are taken into consideration and, in particular, are being implemented in relation to children with special needs.

Policy

Policies are being developed at a rapid pace in many countries and within the international community. People working with special needs children often assist in the development of special needs education policy in their nation and/or organization.

International organizations

5. International organizations and financial institutions should support policy planning with coherent and clear guidelines based on a critical review and analysis of existing policies and individual and national needs.
6. United Nations agencies, donor agencies, financial institutions and international non-governmental organizations should examine their own policies in relation to the support for inclusive early childhood programmes.

National

At present there are various ministries responsible for children with special needs. Health and social services/welfare ministries often have responsibility during the child's early years. However, since these children have a right to education, the Ministry of Education should play a key role in the provision of inclusive services from birth onward.

7. The Ministry of Education should be given primary responsibility for the provision of inclusive educational services for young children with special needs and their families. It should develop and implement the services in collaboration with other ministries (particularly the Ministry of Health and the Ministry of Social Services), sectors and non-governmental organizations.
8. Policy dialogue should occur at all levels to engage all stakeholders in policy development (government, non-governmental organizations, parents, community organizations, organizations of and for persons with disabilities, etc.). This process is a key to ensuring commitment to shared policies, improved programme development and to changing attitudes and awareness.
9. Stakeholders (health, education, social services, universities, non-governmental organizations, community organizations and families, ministry-level to local-level) need to be brought together to develop a shared vision, mission and action plan for early childhood education for all, including an appropriate emphasis on children with special needs.

10. Policy implementation needs to be closely monitored through identified indicators and statistics which should be gathered, analyzed and widely disseminated.
11. Policy should provide for inclusive services to be delivered through non-formal and community-based programmes as well as through the formal education system.

Co-operation/Collaboration/Partnership

To develop programmes that meet the holistic needs of young children it is important to provide health, nutrition, and social and educational support services. No one agency (donor, bi-lateral, United Nations or international non-governmental organization) or government ministry is able to address this full range of services.

International organizations

12. International organizations working in the field of early childhood education should be encouraged to adopt inclusive early childhood orientations, as well as to develop collaborative projects within the framework of national policy and programming decisions, thereby combining resources and avoiding unnecessary duplication.

National

13. In the development of inclusive programmes, inputs are required from the health, nutrition, social service and education sectors. Collaboration across sectors is needed in the planning, funding and implementation of programmes.
14. Synergies should be created through the development of collaborative relationships across levels, from national to province/district to the community and parent, and from the parent/community to the province/district and to national level.
15. International and national non-governmental organizations in the disability field should reach out to the mainstream and act as a catalyst towards collaboration for the development of inclusive services.

Partnership and Families

Families are the first and foremost providers for the child. Parents have the right to receive information that will assist them in solving their problems. They are the decision-makers in relation to their child. Therefore, to best meet the interest of the child, partnerships need to be formed between families and professionals.

National

16. Families have a right to full information about their child and any choices that are posed. Help, support and training should be available to facilitate their decision-making and to enable them to enter a full partnership with professionals.
17. Professionals need to be trained to take on the role of facilitator, supporter and mediator in their work with parents.
18. Families should be encouraged to take an active part in the development of policy and the building of services.

Transitions

There is a need to recognize the multiple transitions that young children and their families face during the early childhood years as they move across sectors (health, social services and education) and across settings (from home to care settings/early childhood programmes to primary school).

19. Those working with young children and their families need to develop policies, procedures and programmes that facilitate these transitions.
20. International agencies and organizations should assist in identifying and disseminating examples of transition programmes and lessons learnt in this area, and should encourage comparative studies and international dialogue regarding transitions during the early years for children and families.

Programme Planning and Implementation/ Service Provision

International organizations

21. International governmental and non-governmental organizations should assist in identifying and disseminating examples of strategies and lessons learnt, and should encourage comparative studies and international dialogue regarding inclusive early childhood care and development.
22. International governmental organizations and international non-governmental organizations should seek to reinforce, build and empower local community/family organizations in the development of programmes to meet their needs and should encourage the development and strengthening of informal and formal parent organizations and networks.

National

While there are some universals in terms of what young children require to grow and develop to their maximum potential, there is no one programme model that best meets these needs. Families and communities have the major responsibility for defining needs and determining appropriate services.

23. Non-governmental organizations and institutes of higher learning should seek to build, reinforce and empower local community/family organizations in the development of programmes to meet their needs.
24. Governments and non-governmental organizations should encourage the development and strengthening of informal and formal parent organizations and networks.
25. Programmes should seek to maximize the use of available resources within extended families and communities.
26. A number of programme activities should be developed to support inclusion, taking into account the need to re-examine values, beliefs and attitudes. Activities could include:
    - identification,
    - outreach,
    - parent education and empowerment,
    - home-based services,
    - development of classroom programmes,
    - transition plans,

- use and promotion of schools as centres of lifelong learning, health and well-being,
- training for personnel in health care, social services, education, etc., on early childhood and health, development and inclusion,
- training on specific topics for particular audiences (assessment, intervention, curriculum, advocacy, empowerment, evaluation),
- community mapping (identification of formal and informal structures, resources and services),
- development of parent-to-parent programmes
- development of pre-school programmes/play groups.

27. Specialized knowledge and competencies should be seen as integral to the development and delivery of generic services.
28. In developing programmes, mapping should be conducted of the complementary formal and non-formal care and education services available to the children at community level. Problems should be identified and possibilities of relating to other services should be explored.
29. Present knowledge on the most appropriate, relevant and best practices needs to be incorporated into policies, plans, programmes and technical co-operation.

Training

Training is an essential element in the implementation of quality inclusive early childhood programmes, and should be developed and provided at many levels. Training is required to provide staff with the necessary knowledge, skills and attitudes to develop and implement an inclusive early childhood programme. It is also important to provide training for families, the community, administrative staff and those who train service providers, allowing them to understand and participate fully in the effort.

International organizations

30. Given the importance of human capacity-building at the national level in order to sustain any programme, training in all its various forms needs to be sufficiently funded (i.e. become a funding priority).

National

31. Systematic training should be provided by knowledgeable and skilled trainers. In-service training needs to be linked to programme planning and outcomes.
32. Most training should take place in situ using transdisciplinary teams able to relate training to real situations.
33. Appropriate education and training related to inclusion needs to be developed for faculties across disciplines at universities and institutes of higher education, particularly in the medical and health field, and social and community development. Colleges of Education must include knowledge of special needs as an integral part of the initial training for all trainee teachers and early childhood care and development workers.
34. Parenting education and information on child development should be a part of the basic education received by all students in schools.
35. Training should be developed along the principles of adult education: it should be built on people's experience, be participatory and empowering, include a balance of theoretical knowledge and practical experience, and include a focus on self-awareness and cultural understanding. The process of training is as important as the content of training.

36. Trainers for inclusive programmes can be recruited from parents, people with disabilities and volunteers as well as professionals. All trainers need to have the appropriate attitudes toward inclusive programmes, as well as appropriate knowledge and skills.
37. Training for inclusive education should be non-categorical, focusing on the active learning approaches: child-centred and differentiated learning.
38. Training of personnel should include information and skills on how to develop culturally appropriate tools to guide the observation of children and to plan appropriate activities building on local practices.

Children in Institutions

All children have the right to live in a small group with consistent, loving caregivers. Children should live in families or substitute families. It is recognized that in many countries there are children in residential institutions who do not live in a family environment. All children in such situations are "at risk". It is also recognized that in the absence of community-based services, children with special educational needs are often placed in institutions.

International organizations

39. International agencies and organizations should support the development of alternative living arrangements for children currently or potentially living in institutions.

National

40. Governments should develop policies and plans for the closing of institutions and the placement of all children in supportive family environments, with access to inclusive services.

Assessment

41. Assessment should be for the purpose of educational guidance, have a positive outcome, identify strengths as well as problems and be linked to programme goals and implementation. It should occur at the individual and programme level. Assessment is a continuous process of identifying children's changing needs and providing feedback to the programme to modify the intervention accordingly.

International organizations

42. International organizations should facilitate consultation and working groups to design and develop materials to assist in carrying out appropriate developmental assessments of children and programmes.

National

43. For the purpose of programme planning, systematic observation of children in inclusive programmes should be conducted in natural settings when children are performing everyday activities.
44. It is necessary to undertake basic medical screening to identify developmental delays so that the needed measures are taken to ensure that these problems do not hinder optimal development and education. Children identified in this process need to be referred for treatment and/or appropriate intervention.
45. Child assessment should be based on an understanding of child development and collaborative problem-solving, rather than on scores on standardized instruments and the use of prescriptive activities and checklists.

Sustainability

If programmes are going to be maintained beyond a pilot/demonstration model, then steps have to be taken during planning to ensure sustainability. In addition, if it is anticipated that the programme will be implemented in other parts of the country, the pilot stage needs to be designed in such a way that it will be possible for other partners to be informed and familiar with the pilot scheme. For programmes to be sustained, they need to be linked to government policy and funds need to be provided through the national budget.

International organizations

46. International organizations should disseminate information on ways and means to achieve inclusion in low-budget and low-experience situations.
47. Services of this type cannot be built quickly even with large budgets. Donors and agencies may need to adopt new policies and practices which allow for funds to be allocated over longer periods so as to allow time for experience and expertise to grow.

National

48. Projects need to be well-tested in realistic conditions before going to scale.
49. Projects should first be disseminated to contiguous geographic regions to ensure ease of communication and the development of supportive networks.

Communication/ Information Dissemination

To build the national and international awareness necessary to achieve inclusion, it is important to develop extensive communication systems. Communication channels should include the movement of information vertically (from the policy level to the field and back) and horizontally (intersectorally and between agencies).

International organizations

50. A common database on inclusion should be developed, with support from multiple international agencies and donors, to provide appropriate statistics and up-to-date information that can be used by the agencies and countries for the purpose of advocacy, policy-development and planning. This should be available through a variety of media, including Internet.

National

51. Elements of the Salamanca Statement and Framework for Action, the Convention on the Rights of the Child and the World Declaration on Education for All should be promoted through the media (television, radio, video, and the Internet) using a variety of means (such as games, songs, plays, community theatre).

Funding/Donor Support

International organizations

Countries should develop their own child, family and educational polices in response to national needs and culture, and in line with international initiatives.

52. Countries should be encouraged to form their own policies for the development of early childhood programmes for all children and to use those as the basis for negotiation of grants and loans.
53. Donors, international agencies and governments should respect and build on local cultural traditions and practices, and encourage the dissemination of information regarding lessons learnt and best practices.
54. Donors need to be realistic in terms of expectations of outcomes of innovative projects. Adequate time (i.e. more than three years) needs to be provided when programmes involve the changing of attitudes.
55. Donors and development agencies (banks, bilateral and multilateral agencies) should support inclusive programmes within their early childhood and basic education projects.

National

56. Countries should recognize the importance of early childhood development as an element of their commitment to the Salamanca Statement and Framework for Action and ensure that this is taken into consideration when social service and education budgets are planned.

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Annex II: Agenda

Monday, September 1

WELCOME –OPENING

Mr. Colin Power
Assistant Director General for Education

INTRODUCTION OF PARTICIPANTS

ELECTION OF CHAIRPERSON AND RAPPORTEUR

SETTING THE SCENE – AIMS FOR ALL CHILDREN

Lena Saleh
The consultation is set within the framework and principles of the Jomtien Declaration on EFA, the Convention on the Rights of the Child and the Salamanca Statement and Framework for Action on Special Needs Education. The focus will be on the young child and the guiding principle will be inclusion. The thrust will be on regular early childhood care and education and the inclusion of all children, particularly those who are vulnerable, at risk, and disabled. Focus will be on examining services rather than children. While the range of services concern the young child with special needs from 0 to 6 years, particular attention will be given to services for children from 3 to 6 years.

WORKING DOCUMENT

Introduction by **Janet Holdsworth**

Open plenary discussion

REVIEW OF CASE STUDIES

Highlights by **Judith Evans**

Open plenary discussion

ACCESS AND QUALITY – RANGE OF CHOICES

J.J. Detraux/Maria Victoria Peralta

Based on the messages which transpired from the case studies, the consultation will reflect on the present scenario, and advise on the range of choices that could be proposed in particular regarding issues such as assessment and early intervention, training of personnel, parent partnership, etc.

Tuesday, September 2

ACCESS AND QUALITY (continued)

Brief introductions of key issues:
Screening for Early Childhood Education and Special Educational Needs
Mehari Gebre-Medhin
Assessment and Early Intervention
Mary Beth Bruder/Molly Thorburn
Training of Personnel
Gordon Porter

The participants will discuss the above issues in three thematic groups and will conclude in a plenary discussion.

BUILDING BRIDGES

This session will address the integrated approach to services which calls for collaboration between the key statutory bodies, health, education and social welfare, as well as voluntary organizations and community initiatives. Multi-sectoral collaboration is a means to build on and further develop existing resources and expertise for a more comprehensive support service for children and their families. Furthermore, such a collaborative working approach would facilitate building the bridges between home and pre-school, and pre-school and primary school.

Brief introduction of key issues:
Integrated Services for Children at Risk
Mary Beth Bruder/Peter Evans
Transition – ECE/Primary Inclusive Education
Gordon Porter

In groups, participants will discuss the above issues and address questions related to co-operation across services and across phases.

Wednesday, September 3

POLICY

Birgit Dyssegard

Based on information obtained from participants and the UNESCO Review (1995) on the Present Situation in Special Needs Education, this session will review national policies with respect to ECE as well as Early Childhood and Special Needs. In addressing this issue the Consultation will base itself on the CRC as well as the Salamanca Statement and Framework for Action.

Participants will engage in group discussions,
to be followed by a plenary session.

MANAGEMENT AND SERVICE BUILDING

What management is needed – at different levels and at different phases of implementation? Organizational and methodological issues; suggested models and approaches for initiating services; resource implications (illustrations from case studies). Sharing experiences on diverse models; special needs within the larger education development efforts; the system versus the individual.

Brief introduction of key issues:

From pilot to a service
Janet Holdsworth/Radmila Jusovic
Parent Partnership
Irene Alessandri/J.J. Detraux

Participants will engage in group discussions,
to be followed by a plenary session.

Thursday, September 4

"Working Party" – The Way Forward

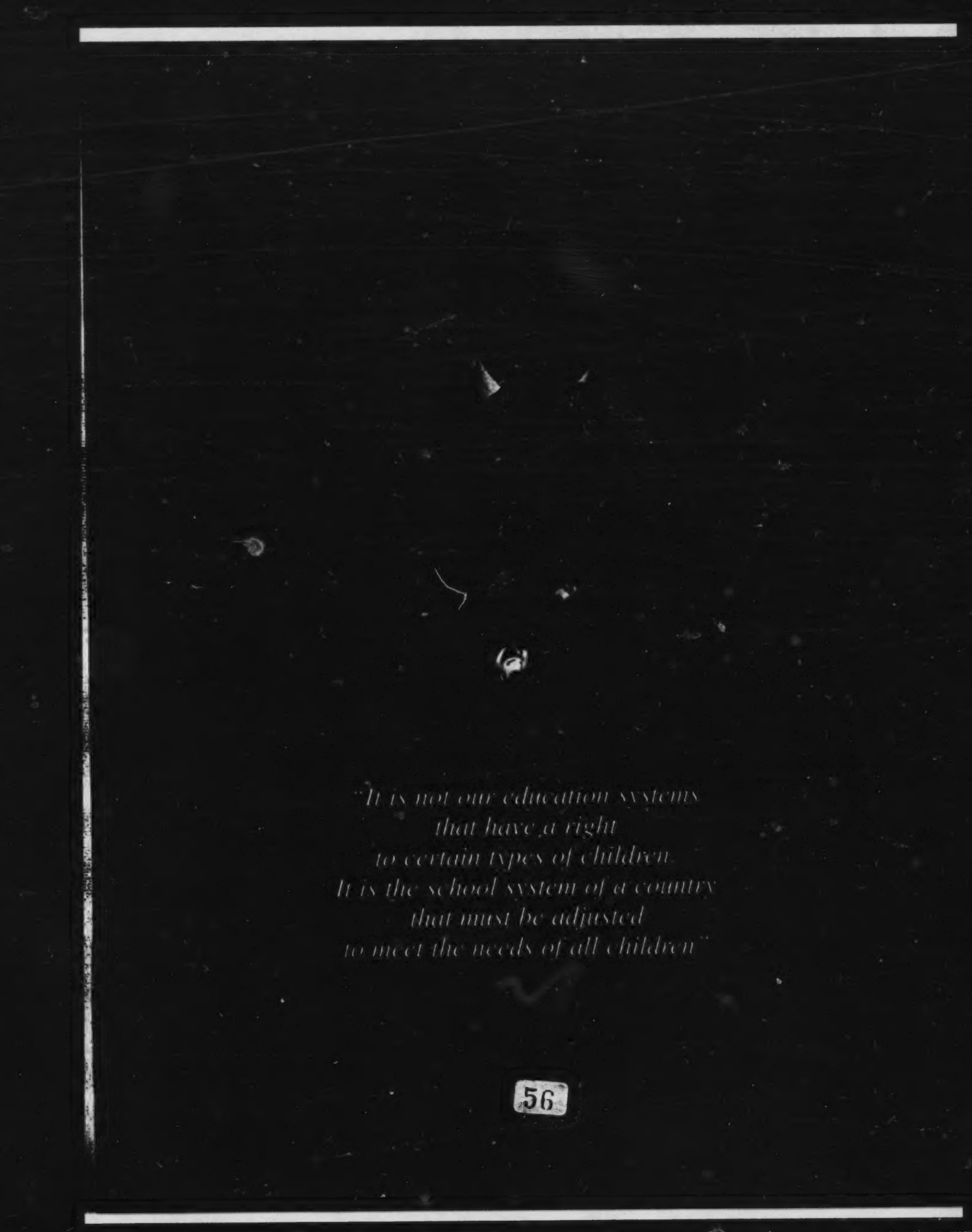
In this session the participants will have the possibility of bringing in their reflections and views on general and /or specific issues. In groups they will examine the following:

- *What are the key messages?*
- *What is the way forward internationally? regionally?*
- *What is the way forward nationally?*
- *What advocacy/mobilization is needed?*

Groups to produce report

Reports from Groups

Plenary Discussion and Conclusions



"It is not our education systems
that have a right
to certain types of children.
It is the school system of a country
that must be adjusted
to meet the needs of all children"